THE DIVISION OF HEALTH OF MISSOURI			24728	
EGOCT 20 1952	STANDARD CERTIFI		State File No	~ ~ ~
IRTH NO	_ REG. DIST. NO	PRIMARY REG. DIST. NO. 5		
I. PLACE OF DEATH a. COUNTY Greene		a. STATE Missouri	Where decoased lived. If inst bacounty Greene	stitution: residence before admission).
b. CITY (If outside corporate limite, write RI	URAL and sive C. LENGTH OF	II A CITY OF CALL AND		matin)RuraI
TOWN Springfield	CITA township) STAY (in this place)	TOWN Spring	•	
d. FULL NAME OF (If not in hospital or in HOSPITAL OR INSTITUTION Residence	nstitution, give street address or location)	d. STREET · (If rural,	, give location)	i 20 /j
	e - Route ll	Route		51,7
3. NAME OF a. (First) DECEASED (Type or Print) Thomas	Jefferson	Dillon	4. DATE (Month) OF DEATHDCtober	(Pay) (Year) 11 1952
5. SEX /) 6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (8pedis)	8. DATE OF BIRTH	(9. AGE (In years) of theces	I TEAR IF CHEDER 21 KESS.
male U white	WIDOWED, DIVORCED (Breed(s)) Widowed	March 23, 1861	I last birthdaw) Monthe	Days, Hours Min.
Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR IN-	II. BIRTHPLACE (City and State	te or Foreign Country)	12. CITIZEN OF WHAT
<u>retired</u>	Meat packer	Wheeling, West	t Virg i nia'∣	U.B.A.
a. FATHER'S NAME	136. MOTHER'S MAIDEN		ME OF HUSBAND OR WIF	_
James Dillon . WAS DECEASED EVER IN U.S. ARMED F		Clair Ma	ary Mae Dill	ADDRESS
(If yes, give war or dates o		Lynn G. Dill		
. CAUSE OF DEATH	MEDICAL C	ERTIFICATION	<u>ــرموسد عادا ⇔ و ۱۱۵۰.</u>	INTERVAL BETWEEN
inter only one cause per inter one cause per inter only one cause per inter one cause per i		lity	<u> </u>	ONSET AND DEATH
This day and many ANTECEDENT CA		/		
he mode of dying, such Morbid conditions,	s, if any, giving DUE TO (b) ause (a) stating see last.			'
	use (a) staring se last.	•		1
ion which caused death. II. OTHER SIGNIF	DUE TO (c) FICANT CONDITIONS	 		!
	outing to the death but not se or condition causing death.			[
9a. DATE OF OPERA- 19b. MAJOR FIND	DINGS OF OPERATION	The state of the s		20. AUTOPSY?
nme TION .			794X	YES NO C
1a. ACCIDENT (Specify) 2 SUICIDE HOMICIDE 5	21b. PLACE OF INJURY (e.g., in or about bome, farm, fastory, street, office bidg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP	P) (COUNTY)	(STATE)
ld. TIME (Month) (Day) (Year) (E	Hour) 21e. INJURY OCCURRED WHILEAT NOT WHILE	21f. HOW DID INJURY OCCUR?		
INJURY	WORK L AT WORK L			· · · · · · · · · · · · · · · · · · ·
2. I hereby certify that I attended the alive on ACT 10, 1951	he deceased from	19 12, to Oct //	, 19 ITL , that I las s and on the date state	st saw the deceaseded above.
30. SIGNATURE John Weilela	(Degree or title)	238. ADDRESS	1 Nes	23c. DATE SIGNED
AL BURIAL CREMA- 246. DATE	24c. NAME OF CEMETERY		ATION (City, town, or country ingfield, Mo	
DATE REC'D BY LOCAL REGISTRAR'S SI	<u> 17 1" </u>			· -
10-14-52. REG. FALL 7	Manisa Renstre	S: FUNERAL DIRECTOR'S S Gorman-Scharof Springfield	Funeral Hon	ie, Inc.
<u> </u>		statement on Reverse Side)		

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this c	ertificate was embalmed by me, or by
	Student Embalmer No

working under my personal supervision.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.

Licensed Embalmer No

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.